PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000068938

JOB HOLDING CORP.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90173 002 ***150.00

200 C E S AVE !!	Principal Place of Business Mailing Address						
300 S E 5 AVE UNIT 3020 300		300 S E 5 AVE UNIT 3020 BOCA RATON FL 33432		DO NOT WRITE IN THIS	CODACE		
	•			3. Date incorporated or Qualifed	S SPACE		
				08/08/1997			
2. Principal Plac	on of Rusiness	2a, Mailing Address		4, FEI Number	Applied For		
	or or promises	⊢ ¬			Not Applicable		
26			65-0783509	\$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required			
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be		
23	•	28		Trust Fund Contribution	Added to Fees		
Zīp	Country	Zip	Country	8. This corporation owes the current year in			
24	25	29 3	30	Personal Property Tax.	☐Yes ☐No		
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent		
			81 Name				
	er, jerry i		B2 Street Add	rese (P.O. Box Number is Not Acceptable)			
	E 5 AVE UNIT 3020		62 Street AUG	ress (P.O. Box Number is Not Acceptable)			
BOCA	RATON FL 33432		83				
			-				
			84 City	FI.	85 Zip Code		
dd Damilari A	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named com	oration submits this statement for the purpose of	changing its registered		
office or regi	istered agent, or both, in the State i familiar with, and a <u>ccept</u> the obligat	ions of, Section 607.0505. Florid	da Statutes.	on's board of directors. I hereby accept the appoi	intment as registered		
office or reginate agent. I am f	istered agent, or both, in the State familiar with, and accept the obligation	ions of, Section 607.0505, Florid	da Statutes.	on's board of directors. I hereby accept the appoi	intment as registered		
office or regination agent. I am f	reflue, typed or printed registered age	ons of, Section 607.0505, Florid	SIA STATUTES.	d when reinstaling) DATE			
office or reginagent. I am finding signature s	ormilar with, and accept the original control of the original control or printed name of regulatored age.	ons of, Section 607.0505, Florid and the Properties (NOTE R.	SE STATUTES. Legistered Agent elgositure require 13.		ID DIRECTORS IN 12		
office or regingent. I am to signature signature signature signature of the signature signature of the signature signature of the signature signature of the signature	property of particular and reputation appears and particular and p	ons of, Section 607.0505, Florid	1a Statutes. Lagistered Agent algorithm require 13. 1.1 TITLE	d when reinstaling) DATE			
office or regination. I am it signature store that it is signature. It is	officers and offic	ons of, Section 607.0505, Florid and the Properties (NOTE R.	19 Statutes. 13. 1.1 TITLE 12 NAME	d when reinstaling) DATE	ID DIRECTORS IN 12		
office or regingent. I am its SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS 3	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	ons of, Section 607.0505, Florid and the Properties (NOTE R.	1a Statutes. Lagistered Agent algorithm require 13. 1.1 TITLE	d when reinstaling) DATE	ID DIRECTORS IN 12		
SIGNATURE 12. TITLE STREET ADDRESS BTY-ST-ZP B or	officers and offic	IONS OF, Section 607.0505, Florid FOR EID PROPERTY (NOTE: R. D DIRECTORS	13 STATUTES. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstaling) DATE	ID DIRECTORS IN 12 Change Addition		
office or regions agent. I am I signature sign	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	ons of, Section 607.0505, Florid and the Properties (NOTE R.	13 STATUTES. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS	d when reinstaling) DATE	ID DIRECTORS IN 12		
SIGNATURE 12. TIME VAME STREET ADDRESS ETY-ST-ZP BITLE	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	IONS OF, Section 607.0505, Florid FOR EID PROPERTY (NOTE: R. D DIRECTORS	13 STATUTES. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstaling) DATE	ID DIRECTORS IN 12 Change Addition		
SIGNATURE SIGNATURE 12. TITLE STREET ADDRESS STY-ST-ZP BITLE WME	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	IONS OF, Section 607.0505, Florid FOR EID PROPERTY (NOTE: R. D DIRECTORS	13 STATUTES. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1A CITY-ST-ZP 2.1 TITLE	d when reinstaling) DATE	ID DIRECTORS IN 12 Change Addition		
office or regination. I am I signature signature signature signature signature structure structure structure structure structure signature signatu	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	ions of, Section 607.0505, Florid and 609 Proposition (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME	d when reinstaling) DATE	ID DIRECTORS IN 12 Change Addition		
Office or region agent. I am I support. I am I	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	IONS OF, Section 607.0505, Florid FOR EID PROPERTY (NOTE: R. D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	d when reinstaling) DATE	ID DIRECTORS IN 12 Change Addition		
Office or region agent. I am I support. I support. I am I support. I support. I support. I sup	OFFICERS AN ESSLER, JERRY I OS S E 5 AVE UNIT 3020	ions of, Section 607.0505, Florid and 609 Proposition (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP	d when reinstaling) DATE	ID DIRECTORS IN 12 Change Addition Change Addition		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADORESS

5.3 STREET ADDRESS

8.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

5.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

S	G	N	Δ,	TI.	iR	F٠

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

MLE

NAME

NAME

/	Possibili	eest	يبايليا	OED
		 3 At CT A		

☐ Change

Change

Change

Addition

Addition

Addition